

**POWER OF ATTORNEY  
AND  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number:</b>	10/593,951
<b>Filing Date:</b>	October 18, 2007
<b>First Named Inventor:</b>	Douglas STOREY
<b>Art Unit:</b>	1657
<b>Examiner Name:</b>	Tiffany Maureen Gough
<b>Attorney Docket Number:</b>	UNTI:069US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32425

**OR**

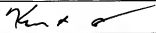
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD**

Signature			
Name	Kevin S. Casement, Ph.D. Vice President Licensing & Business Development		
Title and Company	UTI LIMITED PARTNERSHIP	Telephone	408, 290, 2429
Date	MAY 8, 2009		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.